

**State of Hawai'i
Department of Human Services
Vocational Rehabilitation and Services for the Blind Division**

Request for Proposals

HMS 238-CE06

**Consultative Examination Services for the
Disability Determination Branch**

March 06, 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an RFP Interest form may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

March 06, 2006

REQUEST FOR PROPOSALS

MEDICAL, PSYCHIATRIC AND PSYCHOLOGICAL EXAMINATIONS

For the Disability Determination Branch

RFP No. HMS 238 CE06

The Department of Human Services, Vocational Rehabilitation and Services for the Blind Division, Disability Determination Branch is requesting proposals from qualified applicants to provide consultative examinations in the areas of internal medicine, psychiatry, psychology, orthopedics and physiatry. Services are needed statewide. The contract term will be from July 1, 2006 through June 30, 2007 with the possible extensions. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United States Postal Service on or before April 05, 2006 or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on April 05, 2006, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

Questions by phone should be directed to George Yamashiro at extension 265, 808-973-2244 or 800-362-1526.

Mailing Address:

**George Yamashiro, Professional Relations Officer
Disability Determination Branch
P.O. Box 2458
Honolulu, HI 96804**

Email Address:

George.yamashiro@ssa.gov

Hand Deliveries:

**Disability Determination Branch
1580 Makaloa St., 6th Floor
Honolulu, HI 96814**

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED:
One original and four copies of the proposal are required.

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)
NO LATER THAN
April 5, 2006**

All Mail-ins

**Disability Determination Branch
P.O. Box 2458
Honolulu, HI 96804**

RFP COORDINATOR

**George Yamashiro
For further information or inquiries
Phone: 808-973-2244, ext. 265 or
800-362-1526**

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 4:30 P.M., Hawai'i
Standard Time (HST) April 05, 2006.**

Drop-off Sites

**Disability Determination Branch
1580 Makaloa St., 6th Floor
Honolulu, HI 96814**

BE ADVISED: All mail-ins postmarked by USPS after **April 05, 2006**, will not be accepted for review and will be returned.

Hand deliveries will **not** be accepted after **4:30 p.m., HST, April 05, 2006.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, April 05, 2006.**

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January, 2005 edition

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Attachment E. Registration Form

Attachment F. About the Disability Determination Branch

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawai'i Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments--Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Vocational Rehabilitation and Services for the Blind Division

Department of Human Services, State of Hawai'i

Disability Determination Branch, 1580 Makaloa Street, 6th Floor

Honolulu, Hawai'i 96814

Phone (808) 973-2244, ext. 265 Fax: (808) 973-1399
(800) 362-1526, ext. 265

IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	03/06/06 -04/05/06
Distribution of RFP	03/06/06-04/05/06
RFP orientation session	03/14/06
Addenda to RFPs (As Needed)	
Closing date for submission of written questions for written responses	03/14/06
State purchasing agency's response to applicants' written questions	03/29/06
Discussions with applicant prior to proposal submittal deadline (optional)	N/A
Proposal submittal deadline	04/05/06
Discussions with applicant after proposal submittal deadline (optional)	N/A
Final revised proposals (optional)	N/A
Proposal evaluation period	04/07/06-04/14/06
Provider selection	04/21/06
Notice of statement of findings and decision	04/28/06
Contract start date	07/01/06

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: 03/14/06 **Time:** 10:00am- 11:00am

Location: Disability Determination Branch
6th Floor Honolulu

Honolulu, HI

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is:

Date: 03/14/06 **Time:** 12 Midnight HST

All written questions will receive a written response from the state purchasing agency via the U.S. Postal Service by:

Date: 03/29/06

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a

cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are **not** accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The

number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

Faxed proposals and submission of proposals on diskettes are **not permitted**.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawai'i State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit-only the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be cancelled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawai'i Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawai‘i Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith.
(Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawai‘i is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP). Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawai'i Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawai'i Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Lillian B. Koller, Esq.	Name: Edwin Igarashi
Title: Director	Title: Fiscal Management Officer
Mailing Address: P.O. Box 339 Honolulu, HI 96809-0339	Mailing Address: P.O. Box 339 Honolulu, HI 96809-0339
Business Address: 1390 Miller Street Honolulu, HI 96813	Business Address: 1390 Miller Street Honolulu, HI 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawai'i, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services

- (4) Financial Management
- (5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The Disability Determination Branch (DDB) determines whether Hawaii applicants for Social Security and Supplemental Security Income (SSI) disability benefits meet the required medical and/or psychiatric/ psychological and vocational criteria to be found disabled.

The basic sources of evidence for Social Security and Supplemental Security disability claims are physicians, psychologists, therapists, hospitals and others who have treated, examined or have had contact with the claimants in the past. If information from these sources do not provide all of the details necessary for a disability evaluation under the Social Security guidelines, a consultative examination is arranged with a treating source if the source is qualified and willing to perform the examination. If the treating source is not qualified or is unwilling to perform the examination or if a claimant has no treating sources, we purchase consultative examinations from qualified individuals in the community.

B. Description of the goals of the service

The reports of the examinations will provide the objective evidence necessary to make disability decisions under the Social Security disability criteria.

When pertinent, the reports will help to resolve conflicts in evidence.

C. Description of the target population to be served

Claimants who have applied for disability with the Social Security Administration or whose condition is being evaluated to determine continuation of disability.

D. Geographic coverage of service

Examinations of all types are needed on all islands.

E. Probable funding amounts, source, and period of availability

The Disability Determination Branch is 100% federally funded.

Contracts will be multi-term (1 year), subject to availability of funding and satisfactory performance.

Contract amounts will be awarded by the number of examinations expected to be needed in any specialty and geographic location.

The total dollar amount of the individual contract will depend on the number of examinations anticipated for the specialty in the particular geographical area(s) where contractor is able to perform the examinations and the number of contractors in that area.

The State reserves the right to amend the funding amount of individual contracts according to utilization, without rebidding.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

- 1) Be able to furnish proof of current and appropriate State licenses and professional certifications.
- 2) Not be excluded, suspended or otherwise barred from participation in any Federal or State program.

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will not be allowed.

Planned secondary purchases: None

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single ☒ Multiple ☐ Single & Multiple

Criteria for multiple awards:

The most advantageous proposals, by geographic area, will be selected.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☒ Single term (≤ 2 yrs) ☐ Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract: Twelve (12) months

Length of each extension: Twelve (12) months

Number of possible extensions: Three (3)

Maximum length of contract: Four (4) years

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension: The contract for the proposed services may be extended without the necessity of re-bidding, subject to appropriation and availability of funds to DHS, community need, and the State's determination of satisfactory provider performance, or unless this Agreement is terminated. The option to extend the services will be offered in writing by the DHS, at least sixty (60) days prior to expiration of the contract. No supplementary agreement shall be binding upon the DHS until the agreement has been fully and properly executed by all parties thereto prior to the start date of agreement. The provider shall not provide any services until the agreement is fully and properly executed.

F. RFP contact person

The individual listed below is the sole point of contact regarding this RFP from the date of release of this RFP until the selection of the winning provider or providers. Questions should be submitted to the RFP contact person and received on or before the date and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

*George Yamashiro, Professional Relations Officer
Extension 265, 808-973-2244 or 800-362-1526*

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The contractor must do an examination and submit a signed narrative report of the findings within two weeks of the examination. For information regarding the specific details that should be provided in the narrative reports, please refer to "Consultative Examinations, A Guide for Health Professional"(green book).

The booklet is included in this packet.

Also included is "Disability Evaluation Under Social Security" (blue book), a publication which provides additional information on the Social Security disability program.

B. Management Requirements

(Minimum and/or mandatory requirements)

1) Scheduling of examinations

Contractor will provide appointment dates within two weeks of the time the Disability Determination Branch calls to make arrangements.

2) Minimum time for each examination

Contractor will set aside the following minimum times for each individual:

Internal medicine examination: at least 30 minutes

Orthopedic and physiatric examinations: at least 20 minutes

Psychiatric examination: at least 40 minutes

Psychological examination: at least 60 minutes

3) Due dates of Reports

Contractor will furnish a signed narrative report of the examination within 2 weeks of the date of the examination. A Remote Telephone Dictation system is available for use by the contractor and transcription service is provided free of charge.

4) Quality of Reports

The report will include the evidence requested in "Consultative Examinations, A Guide for Health Professional"(green book), listed above.

5) Pricing Structure - Units of service and unit rate

Fees to be paid are fixed and not subject to negotiation. Fees listed below are inclusive of all taxes.

Internists, psychiatrists, orthopedists and physiatrists will be paid up to \$149.76 for each exam.

Psychologists will be paid up to \$149.76 for intelligence assessments and up to \$149.76 for personality assessments and up to \$299.52 for complete psychological examinations.

IV. Facilities

Not applicable.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

I. Items that Must be Included in the Proposal

- A. A completed and signed Professional Qualifications Form.
- B. Confidentiality Requirements Form that is signed and dated.
- C. Registration Form (yellow form SPO-H-100A) – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted to the State Procurement Office. If applicant is unsure as to their pre-registration status, they may call the Disability Determination Branch at 973-2244, ext.265 or the State Procurement Office at 587-4706.
- D. A current curriculum vitae, if one has not been submitted to the Disability Determination Branch in the last 3 years.
- E. An actual consultative examination report with all personal identification information obliterated, unless the applicant has performed examinations for the Disability Determination Branch within the last 2 years.
- F. Tax Clearance Certificate (Form A-6) – This form must be completed and sent to the Department of Taxation. After the Department of Taxation returns it, an original or certified copy (has colored stamps) issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted with the proposal by the due date and time. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

If applicant is unable to obtain a Tax Clearance in time to meet the deadline of this RFP, then a written statement must be provided that tax clearance has been applied for and that the Tax Clearance will be provided at the time and if a contract is awarded.
- G. Proof of current and appropriate State licenses and professional certifications.
- H. Any other information that shows the applicant's qualifications and that the applicant would like the Disability Determination Branch to consider when evaluating the proposal.

II. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

An evaluation committee consisting of the Branch Administrator, Professional Relations Officer, Chief Medical or Chief Psychiatric/ Psychological Consultant, at least one Unit Supervisor and at least one Claims Examiner shall review and evaluate proposals.

The evaluation will be conducted in three phases as follows:

- Phase 1 – Review of proposal and evaluation criteria
- Phase 2 – Evaluation of Proposal Applications
- Phase 3 – Recommendation for Awards

III. Evaluation Categories and Threshold

<u>Evaluation Categories</u>	<u>Possible Points</u>
Mandatory Requirements	Pass or Rejected
POS Proposal Application	
Experience in Specialty Area	15
Experience in Performing Consultative Examinations	20
Timeliness of Reports	15
Ease of scheduling	10
Response to Feedback and Courtesy to Staff	20
Rating of a Sample Examination Report	20
TOTAL POSSIBLE POINTS	100

IV. Evaluation Criteria

A. Phase 1 – Review of proposal and evaluation criteria

1) Mandatory Administrative Requirements

- Tax Clearance Certificate.
- Registration Form submitted to the State Procurement Office (if not pre-registered with the State Procurement Office).
- Proof of current and appropriate State licenses and professional certifications.
- A completed Professional Qualifications Form.
- Confidentiality Requirements Form that is signed and dated.
- Passing of credentials check that applicant is not excluded, suspended or otherwise barred from participation in any Federal or State program.

2) Mandatory POS Proposal Application Requirements

- A current curriculum vitae, submitted or on file.
- An actual consultative examination report, submitted or on file.
- A completed Professional Qualifications Form.
- Site where examinations are performed must meet minimal SSA requirements.

B. Phase 2 – Evaluation of POS Proposal Application (100 Points)

1) Experience in Specialty Area (15 points)

Will be evaluated based on the number of years of experience in providing satisfactory services in the applicants medical, psychiatric and psychological area of specialty.

2) Experience in Performing Consultative Examinations(20 points)

Will be evaluated based on the number of consultative examinations performed and reported satisfactory for Social Security disability purposes.

3) Timeliness of Reports(15 points)

Will be evaluated by the frequency and regularity that the required written reports are submitted.

4) Ease of scheduling (10 points)

Will be evaluated based on past performance and/or information provided by applicant on how readily and consistently the applicant schedule examinations.

5) Response to Feedback and Courtesy to Staff (20 points)

Will be evaluated based on past performance and/or information provided by applicant on the responsiveness of the applicant to DDB staff inquiries and request for changes regarding examinations.

6) Rating of a Sample Examination Report (20 points)

Will be evaluated based on past performance and/or information provided by applicant on the quality of the examination reports including their completeness, clarity and organization.

C. Phase 3 – Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A "Disability Evaluation under Social Security", January 2005 edition, the blue book
- B "Consultative Examinations, A Guide for Health Professionals", the green book
- C Professional Qualifications form
- D Confidentiality Form
- E Registration Form
- F About the Disability Determination Branch

Disability Determination Branch
P.O. Box 2458
Honolulu, Hawaii 96804
(808) 973-2244 or 800-362-1526
FAX: (808) 973-1399 or 888-337-3910

PROFESSIONAL QUALIFICATIONS
CE Medical & Psychiatric/Psychological Consultant
Please print

Full Legal Name _____

DBA _____

Type of Business Entity:

____ Sole Proprietorship ____ Partnership ____ Limited Liability Company
____ For Profit Corporation ____ Other Please Explain

Birth Date _____ Social Security No. _____

Federal Employer ID No. _____ State Tax ID No. _____

Specialty _____ Sub-specialty _____

For Physicians Only: Board Certified _____ Board Eligible _____
Yes No Yes No

Active Hawaii Medical/Psychology License _____
Yes No

Hawaii License No. _____ Date License Obtained _____

Medical/Graduate School Attended _____

Year of Graduation _____

What days and hours will you be available to provide services?

Approximately how many exams will you be able to perform

Weekly _____ Monthly _____

Geographic Area you are able to serve:

If the answer to any of the following questions is a "yes", please give full details on a separate sheet of paper.

1. Has your license to practice medicine/psychology in any jurisdiction ever been limited, suspended or revoked.

Yes _____ No _____

2. Have your privileges at any institution ever been suspended, diminished, revoked or not renewed?

Yes _____ No _____

3. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical/psychological organization?

Yes _____ No _____

4. Have judgments or settlements been made against you in professional liability cases, or are there any pending?

Yes _____ No _____

5. Would your health status in any way affect your ability to perform consultations?

Yes _____ No _____

6. Have you been excluded, suspended or otherwise barred from participation in the Medicare or Medicaid program, or any other Federal or Federally assisted programs?

Yes _____ No _____

7. Do you have any objections to a credentials check with the Federation of State Medical Boards?

Yes _____ No _____

Please provide three references.

1.

Name _____ Title _____

Address _____

Telephone _____

2.

Name _____ Title _____

Address _____

Telephone _____

3.

Name _____ Title _____

Address _____

Telephone _____

Your Signature _____ Date _____

Telephone No. _____ Fax No. _____

e-mail address _____

Street Address
Where exams will be performed

Mailing Address (If different)

Please attach a copy of your curriculum vitae and medical license.

Please read, then sign your name and return to DDB with your proposal.

CONFIDENTIALITY REQUIREMENTS PERTAINING
TO CONSULTATIVE EXAMINATION PHYSICIANS

"I acknowledge and understand that the Social Security Act and its implementing Regulation No. 1 (42 U.S.C. 1306; 20 C.R.R. 401) prohibit the unauthorized disclosure of information obtained in the administration of Social Security programs and make such disclosure a crime. These prohibitions extend to any background data furnished to the provider in conjunction with the performance of the services contracted for herein, and to any reports generated as a result of providing such services, including any copies of such reports retained by the provider.

Unauthorized disclosure of such records by the provider is prohibited. I also acknowledge that release of my records or testimony in relation to a court order (subpoena) is also prohibited. I further acknowledge and understand that should referral of any individual, or data pertaining to an individual, to any third party provider (for additional diagnostic studies, clerical or transcription services, messenger services, (etc.) become necessary in providing services contracted for herein, such third-party provider must be made aware that services are being performed in connection with a Social Security program, and that improper disclosure of information about the subject individual is prohibited."

Print Name

Signature

Date

State Procurement Office
1151 Punchbowl Street, #230-A
Honolulu, Hawaii 96813

**Instructions for the
Registration Statement
of Health and Human Service Provider Responsibility
(Chapter 103F, HRS)**

There are two requirements to register with the State Procurement Office:

1. Complete, sign and submit Form SPO-H 100A, Registration Statement of Health and Human Service Provider Responsibility. (See some quick tips about completing the form.)
The completed form should be sent to the State Procurement Office, Health & Human Services Section at:
1151 Punchbowl St., #230A
Honolulu, HI 96813

The completed, signed form may also be faxed to (808) 587-4703 or converted to Adobe Acrobat format and e-mailed to corinne.y.higa@hawaii.gov.

2. Applicants must be registered and in good standing with the Hawaii Department of Commerce and Consumer Affairs (DCCA). The State Procurement Office checks good business standing with the DCCA by checking their website at <http://www.ehawaii.gov.org/dcca/cogs/exe/cog.cgi>. Please check the DCCA Business Registration-Certificate of Good Standing website before submitting your Form SPO-H-100A. If you are not registered with the DCCA, you may contact the Business Registration Division of the DCCA at (808) 586-2727 or check their website at: <http://www.BusinessRegistrations.com/>.

Exception:

Sole Proprietorships/Individuals- Sole proprietorships are not required to register with the DCCA.

**TIPS ABOUT COMPLETING FORM SPO-H-100A,
REGISTRATION STATEMENT OF HEALTH AND HUMAN SERVICE PROVIDER
RESPONSIBILITY**

This form is fairly self explanatory.

Item	Title	Instructions
1	Applicant Information	The "Legal Name" is the legal name of the business entity of the private provider. For sole proprietorships it is the sole proprietors legal name. For other business entities, it is the name used to register the business with the DCCA. "DBA" means doing business as. Sometimes a business is known by a name other than it's legal name. Complete if applicable.

Item	Title	Instructions
2	Contact person	This is a person who can answer any questions about the business. The contact person for a business/private provider shall not be state personnel with whom you conduct business.
3	Address	The "Business Address" is where the business is physically located. The "Mailing Address" is where all mail to the business should be sent. Sometimes the addresses are different.
4	Business entity	Check the appropriate business entity for your business. For business activity, enter a brief summary of the service activity of the business, i.e., social services to children and adolescents, psychological services, occupational therapy, physician, etc.
5 6 7	Geographic Area, General Population, Special Population	Select all the choices that are appropriate for your business. This is for information only. Should you later decide you wish to serve a geographic area or population that you did not select, it will not keep you from competing for such contracts.
Pages 2-3	Beginning with 'Whereas'	Should you compete for and be awarded a contract this section describes administrative requirements. The items listed (such as tax clearance and certificate of insurance) will be required at the time of the solicitation or contracting by the purchasing agency. (Check with the purchasing agency as to when they are required.) <i>Do not</i> send these items to the State Procurement Office. <i>Do</i> send the completed Form SPO-H-100A (3 pages) to the State Procurement Office.
Page 3	Signature	If you are applying as individual/sole proprietor complete the side marked "Individual." All other businesses should complete the side marked "Organizations."

Questions or comments? Contact:
Mara Smith at 808.587.4704 or mara.smith@hawaii.gov or
Corinne Higa at 808.587.4706 or corinne.y.higa@hawaii.gov.

Our website is:
<http://www.spo.hawaii.gov>
Click on Procurement of Health and Human Services

ABOUT THE DISABILITY DETERMINATION BRANCH (DDB)

Thank you for your interest in performing consultative examinations for the Disability Determination Branch (DDB). As a state agency, the Disability Determination Branch (DDB) has the responsibility to document, evaluate and make disability determinations on claims for SSDI and SSI benefits for the Social Security Administration. Our agency obtains evidence to decide whether the medical and vocational criteria established by SSA are met. Determinations about non-medical eligibility status, benefit amounts, etc. are made by the local SSA offices. In addition to the disability decision, our office also screens completed claims for referral to the Division of Vocational Rehabilitation. DDB does not provide treatment or rehabilitation services.

The attached material contains information regarding our agency's procedures. Please share this information with your staff.

If you have any questions, please feel free to contact our office at 973-2244. (Neighbor Islands: 800-362-1526).

PROCEDURES FOR CONSULTATIVE EXAMINATIONS

How Appointments Are Made

We call your office to obtain the appointment and inform the claimant of it. Generally, appointments are secured two weeks in advance. We always impress on claimants the importance of keeping their appointments or informing us immediately if they are unable to keep them. However, please call us immediately if the claimant fails to show up for the appointment. We also make arrangements for transportation if the claimant cannot provide his/her own way. We will also provide an interpreter upon the request of the claimant.

Prior to the appointment date, we will send you a purchase order that authorizes the type of examination and the studies that are necessary to obtain the information we need. You will also receive pertinent background materials, if available, on the claimant. This will generally include copies of medical reports and a disability interview report, which gives a summary of the claimant's complaints and medical treatment. After your examination, this material must be disposed of in a confidential manner (shredding) or returned to us for shredding in the envelope provided.

Payment for Your Services

The payment process begins upon receipt of your signed report and invoice. You may FAX your signed report and invoice or mail the signed report with an original and two copies of the invoice. We pay for authorized laboratory, x-ray and other studies in addition to your charge for the examination. If it is necessary for x-rays and laboratory studies to be done by another facility, a separate purchase order is issued to that facility.

We will strive to give you 4-days notice if an appointment needs to be changed or canceled. However, the Office of the Inspector General of the United States mandates that no payment will be made when no examination takes place.

Our fee schedule is based on the Relative Value Studies adopted by the Hawaii Medical Association. The conversion factor is established by the State government.

How to Obtain Authorization for Additional Studies

During your examinations, there may be times when you feel that studies in addition to those requested are necessary. Please call our office and speak to the examiner for authorization prior to doing or ordering any additional studies. In some situations, we may already have the information and in other cases, we need to obtain the attending physician's approval before authorizing the studies. We are not able to authorize any form of treatment or studies that require hospitalization or invasive procedures.

REQUIREMENTS FOR MEDICAL REPORTS

To evaluate claims within the medical-legal framework of the Social Security disability programs, there are special documentation requirements. Program regulations require that decisions be made on the basis of objective medical evidence. The purpose of securing a consultative examination is to document the claim with such evidence to allow a proper decision. The kind of objective evidence required for a decision on each impairment is itemized in the handbooks entitled, Disability Evaluation Under Social Security and Consultative Examinations, A Guide for Health Professionals. It is strongly suggested that you carefully review these documents before proceeding with examinations for our program. It would also be advisable to keep them available should questions arise during your examinations or when dictating your reports.

It may be helpful to understand the role of the DDB medical staff consultants as you go about the task of performing your consultative examinations (CE). Ours is strictly a "paper review" of the claimant's medical record as we are able to construct it, with the cooperation of the claimant and his/her treatment providers. We do not normally see the claimant face-to-face. When we need more information than is on file, we rely on you, our consultative examiners, to function as a kind of extension of us in examining the claimant. As such, you are like our eyes and ears. We only know the claimant to the extent that you convey him/her to us by way of your examination and report. Insofar as the rest of the claimant's medical record is available to us, we seek to integrate your CE findings with the medical evidence as a whole.

If you perceive any conflicts in the medical record, or between the evidence in file and your own exam findings, please make every effort to reconcile them. If additional tests are required to accomplish this, you may call us immediately to obtain authorization to proceed with them, at the time of claimant's scheduled visit with you. Or, if time does not permit this, you may arrange with us to have the claimant return for another appointment to complete the evaluation. The over-riding objective in performing the CE is to obtain all needed information to assist us in arriving at a decision on the claim which is as accurate and unequivocal as possible. Where gaps in the database or inconsistency in the medical evidence exist, you can play a vital role in recognizing and resolving them!

As CE providers, your careful observations of the claimant's behavior are always important, but may be particularly critical when examining individuals presenting with symptomatology which appear to be out of proportion to, or unsupported by, physical findings, as in cases of chronic pain or fatigue. Here, again, it is essential to relate claimant's allegations of functional restrictions, along with your own clinical observations/impressions, insofar as you are able to (or unable) to corroborate claimant's self-reports. Any indications of a functional basis for the claimant's symptoms should be noted, along with suggestions for psychiatric/psychological referral, as warranted. Also, any indications of malingering should be duly noted, along with the basis for such suspicions, even if not certain.

THE DISTINCT FOCUS OF CE REPORTS

It is important to recognize that under Social Security (as distinct from other disability programs), a severe impairment is defined in terms of functional, not medical consequences (except in the case where the ultimate medical consequence for a condition is death). Accordingly, it is helpful for consultative examiners to focus their attention on any limitations imposed by the impairment on a claimant's physical or mental ability to perform basic work activities. Physically, these would include the capacity to see, hear, speak, walk, stand, sit, lift, carry, push, pull, reach, handle, etc. Mentally, basic work activities consist of the ability to understand, remember and carry out simple instructions, to attend to tasks, maintain concentration, handle changes in work routines, tolerate work pressures, relate with coworkers and respond appropriately to supervision.

SIGNATURE REQUIREMENT

All CE reports must be personally signed by the physician who actually performed the examination. This attests to the fact that the physician doing the examination or testing is solely responsible for the report's contents, including the conclusions, explanations, or comments provided with respect to the history, examination and evaluation of clinical test results. In some instances, a medical technician or other paraprofessional will contribute to the information (e.g., X-rays or laboratory findings contained in the CE report. In such cases, the physician signing the report must verify the reported findings and conclusions. The examining physician's signature on a report annotated "not proofed" or "dictated but not read" is not acceptable. Also unacceptable are the physician's rubber stamp signature or the physician's signature entered by another physician, the physician's nurse, secretary or any other person.

TIMELINESS OF CE REPORTS

Please send us your signed reports within two weeks of the date of the examination. It is very important that we provide the claimant with a timely decision on his claim. We will not pay for reports received more than 30 days after the date of the examination.

If you prefer, you may dictate your report into our Remote Telephone Dictating System. Further instructions on using this system are included.

FOLLOW-UP CONTACTS

Occasionally, we may need to reach you by phone to clarify some aspect of your CE report. At such times, we keep the contact brief and enter a summary of our discussion into the claimant's record so that an addendum to your report is usually not necessary (unless you prefer to write or dictate such an addendum).

CONFIDENTIALITY

The Privacy Act of 1974 permits the claimant or his/her authorized representative to examine records pertaining to him/her on record in a Federal Agency. In terms of disability applicants, this means that an individual may request to see the medical evidence used to evaluate his/her application for disability benefits. Therefore, consultative reports should include only the actual objective and factual history, clinical facts, and assessment of the ways in which the impairment(s) restricts activities. Statements which reflect on the claimant's moral character or reputation, or which draw conclusions as to whether the claimant is disabled should be avoided.

All requests to see the medical evidence in a claims file will be screened to determine if release of the report directly to the individual involved would have an adverse effect on that person. If so, the report will be released only to an authorized representative designated by the individual.

Reports of purchased consultative examinations become the property of the Federal Government. If you are specifically asked by the individual examined or anyone else for a copy of your examination report or any associated background material, please have them contact us. Please inform us immediately if your records or testimony become subject to a court order.

In some situations, the reports of your examination may be used to determine the claimant's eligibility for vocational rehabilitation services under the Division of Vocational Rehabilitation. Also, the information may be disclosed, with the consent of the claimant, to a physician or medical institution for the medical care and treatment of the individual.

IN APPRECIATION

We of the Disability Determination Branch wish to offer our sincere thanks to you, the members of the medical community, for your ongoing cooperation. The quality of the service we are able to provide our claimants hinges on the valuable contribution to the program made by your consultative exams and reports. We thank you for your continuing support, and we welcome any questions or suggestions for improvement you may have regarding our operation.